

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000014013**

1. Entity Name  
**MBA CARD-IT DISTRIBUTION, INC.**



Principal Place of Business  
**7006 NW 40TH ST  
CORAL SPRINGS, FL 33065**

Mailing Address  
**7006 NW 40TH ST  
CORAL SPRINGS, FL 33065-2207 US**



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0571557**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MCKNIGHT, MICHAEL A  
7006NW 40TH ST  
CORAL SPRINGS, FL 33065**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCKNIGHT, MICHAEL A  
7006 NW 40TH ST.  
CORAL SPRING, FL 330652207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCKNIGHT, CAROLYN S  
7006 NW 40TH ST.  
CORAL SPRING, FL 330652207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000460987  
03/20/06-80033-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Carolyn McKnight*

(CAROLYN MCKNIGHT)

3/7/06